2006 SOFTBALL TOURNAMENT APPLICATION AND AGREEMENT



Tournament	
	teams, 4GG)
Date(s)/Facility Request: First Choice:	Date
Date(3)/1 acinty (Nequest. 1 list choice.	Complex
Second Choice:	Date Complex
Additional Field(s)
Needed	·
Contact Person(w)	Phone:
Address	
City/Zip	
E- mail	
Activity Information:	
1. Participants: ☐ Adults ☐	Youth Estimated Attendance
2. Sponsoring Organization	
Representative Name	
AddressCity/Zip_	
January 31, 2006. 2. Applicants will be notified of acceptance 3. The deposit will be returned under the form a. Cancellation by applicant occurs before b. Tournament schedule and fees are sorted. The facility is left in good condition and d. Cancellation occurs due to actions of 4. The applicant is responsible for set-up, City will bill applicant for damages or loss than the LRCS staff reserves the right to more constraints.	ollowing conditions: ore May 1. submitted to the Athletics Staff by 5:00 p.m the Wed. prior to the tournament. nd is left undamaged. f the City. clean-up, and any damages to the facilities resulting from its use of the facility.
I certify that the above statements are true to the policies. I understand that violation of any of the	Release From Liability Agreement best of my knowledge and that I agree to be bound by the above regulations and se regulations and policies may result in the immediate termination of the event, ges in excess of the deposit, and will jeopardize future use of the facility.
	s, and employees harmless from any and all claims, actions, liabilities, costs, including out of or related to the activities of myself and the other participants during our use of
	de evidence of general liability insurance with limits of no less than \$500,000 combined. Required coverage will be primary to the City's insurance. The City will also be
	I will not exclude anyone from participation in, deny anyone the benefits of, or use of the person's race, color, national origin, age or disability.
I understand that the City is not a sponsor of this	activity, nor will it provide any supervision of the activity.
I further understand that the City makes no warra application and that I and the other participants w	anties or guarantees as to the condition of the facilities or equipment covered by this vill be using the facilities at our own risk.
Applicant's Signature	Date Signed
*****	FOR DEPARTMENT USE ONLY *******

Application Approved: Yes_____ No_____ By_____ Date_____

Proof of Insurance R	equired: Yes_	No			
	<u>Amount</u>	Date Pd.	<u>Int</u>		NOTES:
Facility Deposit					
Proof of Insurance P	rovided: Yes_	No_		N/A	